## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1.	Name of individual, organization or corporation										
	Address (number and street) check if different than previously reported										
City, State and ZIP Code											
2.		rporate rs only Is the filer a qualified nonprofit corporation?									
-		ividual NAME OF EMPLOYER OCCUPATION rs only						3. Identification number			
		4. TYPE OF REPORT (check appropriate boxes):									
		July	il 15 Quarterly Report y 15 Quarterly Report	12-Day Report preceding the election     Type of Election			l <b>.</b>	Date	of Election	State	
		☐ Jan	ober 15 Quarterly Report nuary 31 Year-End Report y 31 Mid-Year Report Report an amendment? Yes		30-Day Report following the General Elect			n. Date	of Election	State	
		COVERING PERIOD: FROM THROUGH     CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)						PAGE	OF		
	,										
		Full Name, Mailing Address and ZIP Code of Contributor		Name of	Name of Employer		Occupation		te (Month, ay, Year)	Amount	
		7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)  Full Name, Mailing Address and ZIP Code Purpose of Date (Month, Amount C							Name and	Office Sought	
				Expenditure				(District, St		tate) of Federal ndidate	
		8. TOTAL CO	ONTRIBUTIONS (multi-page file	rs: enter total on	page 1)				\$		
9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1)\$											
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.											
TY	TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE (multi-page filers: sign page 1 only)  DATE										
NOTE: Submission of false erroneous or incomplete information may subject the person signing this report to the penalties of 2.11.5.C. 437g											

For further information, contact:

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.